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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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20462 7590 07/27/2005

SMITHKLINE BEECHAM CORPORATION
CORPORATE INTELLECTUAL PROPERTY-US, UW2220
P. O. BOX 1539
KING OF PRUSSIA, PA 19406-0939

10/27/2005 ROSMAN2 00000022 192570 10069681

01 FC:1501 1400.00 DA
02 FC:8001 5.00 DQ

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/06/9,681	12/02/2002	Nathalie Claude Marianne Barges	P32396	3820

TITLE OF INVENTION: PHARMACEUTICAL FORMULATION COMPRISING AMOXICILLIN AND CLAVULANATE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	50	\$1400	10/27/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GEORGE, KONATA M	1616	424-489000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the name of up to 3 registered patent attorneys or agents OR, alternative, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

 Dara L. Dinner Stephen Venetianer Charles M. Kinzig

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THIS PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Laboratoire GlaxoSmithKline S.A.S. Cedex, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies *2* The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number *1052970* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NO FEE OR ISSUE OR PUBLICATION FEE (IF REQUIRED) WILL BE ACCEPTED FROM ANYONE OTHER THAN THE APPLICANT; A REGISTERED ATTORNEY OR AGENT; OR THE ASSIGNEE OR OTHER PARTY IN INTEREST AS SHOWN BY THE RECORDS OF THE UNITED STATES PATENT AND TRADEMARK OFFICE.

Authorized Signature *Dara L. Dinner*Date *27 October 2005*Typed or printed name *Dara L. Dinner*Registration No. *33,680*

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